



MEDICAL EXAMINATION REPORT PART A - to be completed by all Kumite competitors

Name: _____ Date of Birth: _____ Age: _____ Male/Female

Address: _____

Club Affiliation _____ Rank: _____

*NAME OF MEDICAL INSURANCE PLAN AND NUMBER (*please complete)

- | | |
|---------------------------------------------------------------------|----------|
| 1. Have you any disease of the eyes? | Yes / No |
| 2. Do you have a hearing loss? | Yes / No |
| 3. Do you have fainting spells, blackouts or epilepsy? | Yes / No |
| 4. Have you had a recent head injury? | Yes / No |
| 5. Do you have any active lung infection including TB? | Yes / No |
| 6. Do you have bronchial asthma? | Yes / No |
| 7. Do you have an active kidney disease, infection or failure? | Yes / No |
| 8. Do you have any loss of all or part of a limb? | Yes / No |
| 9. Do you have decreased movement in any limb, joint or spine? | Yes / No |
| 10. Do you have any muscle or joint disease? | Yes / No |
| 11. Do you have diabetes? | Yes / No |
| 12. Do you have any heart disease or high blood pressure? | Yes / No |
| 13. Are you taking any medication? | Yes / No |
| 14. Have you had any recent operations, fractures or major illness? | Yes / No |
| 15. Do you have any disease or disability not mentioned above? | Yes / No |

If answer was "Yes" to any of above questions, give details:

I hereby declare that I have read the above information and that, to the best of my knowledge, it is complete and correct.

Date:

Competitor's Signature (if under 18 - parent or guardian)



MEDICAL EXAMINATION REPORT
PART B - to be completed by examining physician

Name: _____

Weight: _____ Did you weigh?.....Yes / No

Height: _____ Did you measure.....Yes / No

Table with columns: Normal, Abnormal, Details of Positive Findings. Rows 1-11 list body systems (Eyes, Ears, Nose, etc.). Row 12 includes blood pressure readings (1st, Additional) with sub-rows for 's.' and 'd.'. Row 13 is for Pulse.

VISUAL EXAMINATION

Table with columns: A) Distant Vision, B) Near Vision. Rows for Right Eye, Left Eye, and Both Eyes, each with fields for visual acuity and correction.

Examining physician's opinion:

The Karate student named above is medically ___fit/___ unfit to participate in competitive free sparring.

Examining physician's name and address (use rubber stamp if available)

Physician's Signature

Date